REFERENCE: 11110 EFFECTIVE: 11/15/11 REVIEW: 11/15/13

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# STROKE TREATMENT - ADULT

## FIELD ASSESSMENT/TREATMENT INDICATORS

Patient exhibiting signs/symptoms of a possible stroke. These signs may include: speech disturbances, altered level of consciousness, parasthesias, new onset seizures, dizziness unilateral weakness and visual disturbances.

## **BLS INTERVENTIONS**

- 1. Oxygen therapy as clinically indicated.
- 2. Position patient as tolerated. Consider left lateral position, if indicated.
- 3. Place patient in axial spinal stabilization, if trauma is suspected.
- 4. If patient history includes insulin or oral hypoglycemic medications, administer Glucose sublingual.

#### **ALS INTERVENTIONS**

- 1. Obtain vascular access and place on monitor.
- 2. Obtain blood glucose. If hypoglycemic, refer to Altered Level of Consciousness/Seizures-Adult Protocol Reference #11080.
- 3. For tonic/clonic type seizure activity, refer to Altered Level of Consciousness /Seizures-Adult Protocol Reference #11080.

Modified Los Angeles County Prehospital Stroke Screen (mLAPSS): A screening tool used by prehospital care providers to assist in identifying patients who may be having a stroke.

## **mLAPSS CRITERIA**

- 1. Ask when "last seen normal" or without stroke symptoms. Refer to Stroke Decision Tree.
- 2. No history of seizures or epilepsy.

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3. Age greater than or equal to 40. If less than 40, with suspected stroke, continue mLAPSS assessment, make NSRC base station contact for destination.

- 4. At baseline, patient is not wheelchair bound or bedridden.
- 5. Blood glucose between 60-400 mg/dl.
- 6. Motor Exam: Examine for obvious asymmetry-unilateral weakness (exam is positive, if one (1) or more of the following are present).
  - a. Facial smile/Grimace asymmetry.
  - b. Grip asymmetry.
  - c. Arm Strength asymmetry.

In San Bernardino County, if Stroke Scale is positive, initiate "Stroke Alert", contact NSRC base station and transport immediately.

If time is available, and the patient or family can provide the information, assess the patient using the criteria listed below and report to ED personnel:

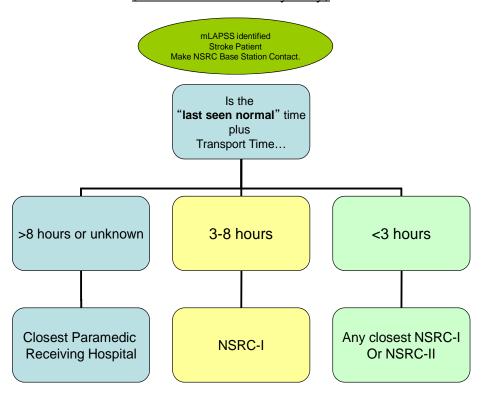
## THROMBOLYTIC ASSESSMENT

| Onset greater than 4 hours?                                         | Yes | No |
|---------------------------------------------------------------------|-----|----|
| History of recent bleeding?                                         | Yes | No |
| Use of anticoagulant?                                               | Yes | No |
| Major surgery or serious trauma in the previous fourteen (14) days? | Yes | No |
| Sustained systolic blood pressure above 185mm Hg.?                  | Yes | No |
| Recent stroke or intracranial hemorrhage?                           | Yes | No |

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# Stroke Patient Destination Decision Tree (San Bernardino County Only)



Stroke Decision Tree